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PATENT, TRADEMARK, COPYRIGHT
AND UNFAIR COMPETITION LAW
AND RELATED LITIGATION

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August 26, 2004

FACSIMILE COVER SHEET

To: Examiner Jeffery A. Brier
Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22213-1450

Fax: 703-872-9306

Enclosures:

Fax Cover Sheet containing Certificate of
Facsimile Transmission (1 page)
Transmittal containing Certificate of
Facsimile Transmission (2 pages)
Amendment After Final (17 pages)

From: Douglas A. Scholer
Reg. No. 52,197

Re: U.S. Patent Application
Serial No. 09/973,622
Filed: October 9, 2001
Applicant: Barnes et al.
Art Unit: 2672
Confirmation No.: 6247
Our Ref: HILB/702

Pages: 20 (including cover sheet)

MESSAGE/COMMENTS OFFICIAL

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence and the enclosures noted herein (20 total pages, including cover sheet) are being transmitted via facsimile transmission to Examiner Jeffery A. Brier, Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22213-1450 at 703-872-9306 on August 26, 2004.

Judith L. Volk
Judith L. Volk

August 26, 2004
Date

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PATENT

Att'y Docket No. HILB/702/124

Confirmation No. 6247**CERTIFICATE OF FACSIMILE TRANSMISSION**

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Judith L. Volk
Judith L. Volk

August 26, 2004
Date

Applicant: Barnes et al. Art Unit: 2672
Serial No.: 09/973,622 Examiner: Jeffery A. Brier
Filed : October 9, 2001
For : VISUAL FUNERAL PLANNING SYSTEM

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. ☒ Transmitted herewith is an Amendment After Final.
2. ☐ Small Entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
☐ Enclosed is a verified statement to establish Small Entity status
☒ Other than a Small Entity
3. The fee has been calculated as shown below:

CALCULATION OF FEES

Fee:	Number of Claims After Amendment:		Previously Paid For:	No. Extra:	At Rate:	Amount:
Total Claims	45	minus	52	0	\$18	\$0.00
Independent Claims	3	minus	9	0	\$86	\$0.00
MULTIPLE DEPENDENT CLAIM FEE					\$290	\$0.00
TOTAL FEE FOR CLAIMS:						\$0.00

- ☒ No additional fee for claims is required.

4. ☐ Attached is a check in the sum of \$_____ for additional claims.
☐ Please charge my Deposit Account No. 23-3000 in the amount of \$_____.
5. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply. Complete (a) or (b) as applicable.

- ☐ (a) Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	<u>Ext. Mos.</u>	<u>Large entity</u>	<u>Small entity</u>
<input type="checkbox"/>	one month	\$ 110.00	\$ 55.00
<input type="checkbox"/>	two months	\$ 420.00	\$ 210.00
<input type="checkbox"/>	three months	\$ 950.00	\$ 475.00
<input type="checkbox"/>	four months	\$1,480.00	\$ 740.00
<input type="checkbox"/>	five months	\$2,010.00	\$1,005.00

Extension fee due with this request:

\$_____

Method of Payment:

Check enclosed in the amount of \$_____

If an additional extension of time is required, please consider this a petition therefor.


(Check and complete the next item, if applicable)

- ☐ An extension for _____ months has already been secured and the fee paid thereof of \$_____ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$_____.
- OR**
- ☒ (b) Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.
6. ☒ If any additional fee for claims or extension of time is required, charge Account No. 23-3000.

Respectfully submitted,

WOOD, HERRON & EVANS, L.L.P.

By:


Douglas A. Schofer
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